GRAPHICS COMMISSION SCHEDULE 2005



All applications must be **COMPLETE** and submitted before 12:00 noon on the cutoff date. (Applications are accepted 8:00 a.m. to 3:30 p.m. Monday through Friday.)

CUTOFF DATE	HEARING DATE	
(Monday Cutoff Dates)	(3rd Tuesday of the Month)	
November 8, 2004	January 18, 2005	
December 6, 2004	February 15, 2005	
January 3, 2005	March 15, 2005	
February 7, 2005	April 19, 2005	
March 7, 2005	May 17, 2005	
April 11, 2005	June 21, 2005	
May 9, 2005	July 19, 2005	
June 6, 2005	August 16, 2005	
July 11, 2005	September 20, 2005	
August 8, 2005	October18, 2005	
August 29, 2005	November 15, 2005	
October 3, 2005	December 20, 2005	
November 7, 2005	January 17, 2006	
December 12, 2005	February 21, 2006	
January 3, 2006 (Tuesday-due to New Year's day)	March 21, 2006	



GRAPHICS COMMISSION APPLICATION 2005

BEFORE YOU APPLY

Arrange a meeting to discuss the proposed project with the appropriate Building Services Division representative. Staff will help you identify issues and determine if a Public Hearing is required. Application requirements vary depending upon the requested action.

Primary staff contacts for the public hearing processes are:

Council Activities:

Dana Hitt	645-2395	Don Bier	645-0712
Shannon Pine	645-2208	John Turner	645-2485

Board of Zoning Adjustment and Graphics Commission:

Dave Reiss 645-7973 Jamie Freise 645-6350

Denise Powers 645-1788

Meet with appropriate staff <u>not less than one week</u> prior to the cut-off date for submitting an application. This pre-filing meeting allows staff to become acquainted with the proposed application and helps you avoid later delays by identifying any missing or incomplete parts of the application package.

WHEN YOU ARE READY TO APPLY

Submit a complete application package to appropriate staff on or before the cut-off date and time for the applicable public hearing. A check list of the application package requirements is printed on page 5.

THINGS TO REMEMBER

exist on the site.

An application received after the cut-off date will be scheduled for a later hearing.
Application fees are non-refundable.
Staff will forward a copy of your application to the appropriate Area Commission, Historic Architectural Review Commission or recognized Civic Association to provide the opportunity for them to formulate a recommendation. It is your responsibility to arrange to meet with that group and obtain a written recommendation.
The rezoning and variance processes address only the items granted in the hearing decision. Such approval does not constitute any other approval from the City. The City Building, Housing and Zoning Codes may require zoning clearance, a building permit, license(s), or sign permit(s) for your project to proceed following approval of your public hearing process application. For further information concerning Building Code requirements call 645-6079. For further information concerning Zoning Code requirements call 645-7314.
The City of Columbus makes no determination whether an area proposed for public hearing action contains area(s) that might be classified as wetlands by the Army Corps of Engineers; nor does approval at the public

hearing imply the site has complied with wetlands guidelines. It is your responsibility to determine if wetlands



Comm	ents:	Application Number:	Comm	nission/Group:
		Date Received:	Planni	ing Area:
		Date of Hearing:	Acreag	ge:
		Fee:	Existir	ng Zoning:
		Accepted by:	Zonin	g Map #:
A	PHICS COMMI	SCION ADDITA	TATION	
			AIION	
	(S) OF ACTION REQUEST	ED		
	ck all that apply)	an 🗆 Anneal	☐ Special Permit	☐ Miscellaneous Graphic
	-		-	-
	ate what the proposal is an	* *	•	- 0
Descr	ibe:			
	ATION			
1.		er and Street Name		
			ate	Zip
			anc	
	Parcel Number (only on	e required.)	J <i>-</i>	
APPL	LICANT			
2.				
3.	Address			Zip
4.				
5.	Email Address			
PRO	PERTY OWNER(S)			
6.	Name			
7.	Address			Zip
8.	Phone#		Fax #	
9.	Email Address			
	☐ Check here if listing a	dditional property owners o	n a separate page	
ATTO	DRNEY / AGENT (CIRCLE ONE	·)		
10.				
11.	Address		City	Zip
12.	Phone#		Fax #	¹
13.	Email Address			
SIGN	IATURES			
14.	Applicant Signature			
15.	Property Owner Signatur	e		
16	Attorney/Agent Signature			

GC APPLICATION CHECKLIST



The application package must consist of two (2) complete sets of all items listed below, one of which must contain the original signed forms.

The Application Form (M)	Ш	Statement of Hardship
Notarized Affidavit Form and Label Sets (See instructions on the form.)		(See instructions on the form.) Notarized Project Disclosure Statement
(bee mondenous on the form,)	_	(See instructions on the form.)
Address Card (M)		
The source for address card is the Columbus Division 109 N. Front Street, 3rd floor; Columbus, Ohio 43215		= -
centerline intersection of two public streets. (Accepta copies is contingent upon staff review. If more than or	nce one z	property and all bearings and distances, referencing the of subdivision lot numbers with corresponding plat map oning district is requested in this application, separate addition to paper copies, submit your legal description
Location Maps (E-plot and A-plot maps)		
data layers. Location maps must be to engineer's scale	. E-p	ighted on an E-plot map and on an A-plot map using ALL lot and A-plot maps are available from the Franklin floor; Columbus, Ohio 43215. Phone (614) 462-4663.
Site Plan (M)		
	origii	the and provide applicable information as itemized on the nal scale plans and two (2) $8-1/2"\times11"$ reductions are ons within areas of overlapping review.
Sign Illustration (M)		
A scale drawing, or other form of illustration, of each copy, color, location and other information necessary		ting and proposed sign, or other graphic, indicating size, ully describe the results of the requested approval.
Graphics Plan		
The documents comprising a proposed Graphics Planthe property owner.	n, ind	cluding any text and illustrations, signed and dated by
Zoning Order		
If this application is being made due to a zoning viola order.	ttion	order having been issued, please attach a copy of the
Application Fees (Non-Refundable)		
\$1550.00 for a Variance, Special Permit, Graphics Plainvolving one or two dwelling units, which is \$260.00		
\$800.00 for a Graphics Plan filed in conjunction with	-	e e e e e e e e e e e e e e e e e e e
\$250.00 for a Miscellaneous Graphics Commission a		e
Checks are to be made payable to: Columbus - City T	reası	ırer

<u>Tabling Fees:</u> Third and subsequent tablings:

First:	1-3 Dwelling Units	\$75.00	1-3 Dwellings Units \$225.00	
	All Others	\$500.00	All Others \$1000.00	
Second:	1-3 Dwelling Units	\$150.00	Reconsideration or Amendments after final action are	:
	All Others	\$750.00	the same as the current fee.	

City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

AFFIDAVIT



(See next page for instructions)	
STATE OF OHIO COUNTY OF FRANKLIN	APPLICATION #
deposed and states that (he/she) is the applicant, a the name(s) and mailing address(es) of all the ow (2) per CERTIFIED ADDRESS FOR PROPERTY	agent, or duly authorized attorney for same and the following is a list of ners of record of the property located at special permit or graphics plan was filed with the Department of (THIS LINE TO BE FILLED OUT BY CITY STAFF)
SUBJECT PROPERTY OWNER'S NAME AND MAILING ADDRESS	(4)
APPLICANT'S NAME AND PHONE # (same as listed on front of application)	
AREA COMMISSION OR CIVIC GROUP AREA COMMISSION ZONING CHAIR OR CONTACT PERSON AND ADDRESS	(5)
County Auditor's Current Tax List or the Cour property within 125 feet of the exterior boundar	omplete mailing addresses, including zip codes, as shown on the nty Treasurer's Mailing List, of all the owners of record of ries of the property for which the application was filed, and all of the cant's or owner's property in the event the applicant or the property property:
(6) PROPERTY OWNER(S) NAME (6A) ADDRESS OF	PROPERTY (6B) PROPERTY OWNER(S) MAILING ADDRESS
\Box (7) Check here if listing additional property owners on a	separate page.
SIGNATURE OF AFFIANT (8) Subscribed to me in my presence and before me this	day of , in the year

Notary Seal Here

SIGNATURE OF NOTARY PUBLIC My Commission Expires:

INSTRUCTIONS FOR AFFIDAVIT



- (1) Name and address of the person who did the research at the Court House. It is important that the person who does the research is the same person who signs the notarized affidavit.
- (2) Address of the property as indicated on the address card from the Division of Engineering and Construction; 109 N. Front Street, 3rd floor; Columbus, Ohio 43215, Phone (614) 645-7467.
- (3) Leave blank we will fill this out at the time of application.
- (4) From real property records located on the 20th floor of the Franklin County Court House Building, 373 South High Street, or other records enter the name and address of the owner(s) of the property the application is for. (This should be the same as the "Property Owner" shown on the application.)
- (5) Fill in the appropriate Area Commission/Civic Group and complete address. This information can be obtained by contacting Michael Puckett, Manager; Neighborhood Liaisons at (614) 645-3219.
- (6) From the same records as in Item #4, enter the name and complete mailing address (including zip code) of the owners of all property located within 125 feet of the property lines identified and sworn in Item #2 above. This includes properties across the street and in other municipalities and jurisdictions, if appropriate. Also, include the owners of any property within 125 feet of the applicant's property in the event the applicant or the property owner of the subject site owns the property contiguous to the subject property.
 - **(6A)** It is the affiant's responsibility to determine the actual address, including personally visiting the properties, if necessary. If a property within the required 125 foot notice area is undeveloped and no address is available, indicate "undeveloped".
 - (6B) DO NOT list a mortgage company as a mailing address for the property unless title to the property is held by the mortgage company, thereby making the company the actual property owner. It is the affiant's responsibility to exercise reasonable diligence to determine the address of the actual property owner. Indicate "unavailable" if the actual property owners address cannot be determined.
- (7) Check appropriate line to indicate if a continuation sheet of property owners is attached. (If more space is needed for a continuation sheet, a plain white sheet of paper with the additional property owners listed in the same format will be sufficient.)
- (8) This form must be signed in the presence of a Notary Public.
- (9) Please submit 2 label sets (in Avery #5160 format) and 1 master set on paper listing the names and complete addresses of:
 - (9A) The applicant as listed in item #2 and #3 on the front page of this application,
 - (9B) Item #4 on this affidavit,
 - (9C) Item #5 on this affidavit, and
 - (9D) The names and complete address of the real property owner(s) listed in the first column of Item #6 on this affidavit.
 - (9E) Mailing Labels:
 - A. Use Zip Codes
 - B. Use All Caps
 - C. Machine Print or Typewritten **ONLY** (No Handwritten or Script)
 - D. Omit Punctuation except the hyphen when using 9 digit zip codes.

REMEMBER: NOTHING GOES BELOW THE CITY, STATE, AND ZIP CODE LINE.

City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

STATEMENT OF HARDSHIP



APPLICATION #	

3382.05 Variance.

Any request for a Variance from this Graphics Code shall be heard and decided by the Graphics Commission as provided by this Graphics Code.

- **A.** The Graphics Commission shall have the power, upon application, to grant a Variance from one (1) or more provisions of this Graphics Code. No Variance shall be granted unless the Commission finds that a hardship exists, based upon special physical conditions which:
 - 1. Are due to exceptional shallowness, shape, topographic conditions or other extraordinary situations peculiar to the premises itself; or
 - 2. Differentiate the premises from other premises in the same zoning district and the general vicinity; or
 - **3.** Prevent a reasonable return in service, use or income compared to other conforming premises in the same district; and
 - 4. Where the result of granting the variance will not be injurious to neighboring properties and will not be contrary to the public interest or to the intent and purpose of this Graphics Code.
- **B.** In granting a Variance, the Graphics Commission may impose such requirements and conditions regarding the location, character, and other features of the *graphics* as the Commission deems necessary to carry out the intent and purpose of this Graphics Code and to otherwise safeguard the public safety and welfare.
- C. Nothing in this Graphics Code shall be construed as authorizing the Commission to affect changes in the Zoning Map or to add to the uses permitted in any zoning district.

I have read Section 3382.05 Variance, and believe my application for relief from the requirements of the Graphics Code satisfies the four criteria for a variance in the following ways:		
Signature of Applicant	Date	

PROJECT DISCLOSURE STATEMENT



Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

STATE OF OHIO	APPLICATION #		
COUNTY OF FRANKLIN			
Being first duly cautioned and sworn (NAME)			
NAME	COMPLETE MAILING AI	DDRESS	
SIGNATURE OF AFFIANT			
Subscribed to me in my presence and b	efore me this day	of	, in the year
SIGNATURE OF NOTARY PUBLIC			
My Commission Expires:			

Notary Seal Here

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NOTE:

Site plan requirements for each application for action by the Graphics Commission will be based upon the standard list needed for Zoning Clearance reproduced below. Actual requirements for each application will be limited to the information that is relevant to the particular case, as circled:



ZONING REVIEW CHECKLISTINFORMATION REQUIRED FOR ZONING CLEARANCE

To expedite the Zoning Clearance Process, please contact one of the Zoning Clearance Plan Review Staff for an appointment. That staff person will be working with you until the project receives Zoning Clearance:

- 1. To apply for building permit, fill out a Building Permit Application and submit three (3) complete sets of building plans with site plans attached and ten (10) loose site plans.
- 2. To apply for a foundation start, fill out a Building Permit Application and submit two (2) complete sets of building plans and two (2) additional loose site plans.
- 3. Provide original and current "E" size plot map to engineer's scale with all data layers and tax map label County Auditor's Office, 373 S. High Street, 20th floor. Size 30" x 36".
- 4. The following information must be shown on the Site Plan sheet. (The required zoning-related information may require more than one sheet.)
 - A. List the Zoning District.
 - B. List the total area of the site in square feet, or for residential projects, list the site area in acres and density in units per acre.
 - C. List square footage breakdown for each use and parking breakdown.
 - D. Label and dimension right-of-way lines, building setback, property lines, and parking setback line.
 - E. Label dimension distance(s) to nearest intersection.
 - F. Label parking and aisle dimensions, radius or flair for curb cuts. (Existing and new)
 - G. Label dimensions for loading docks/loading areas and maneuvering area.
 - H. Show one (1) shade tree per ten (10) parking spaces and/or landscape plan.
 - I. Show buffer screens when required.
 - J. List height of building.
 - K. Label and dimension all fences.
 - L. Show dumpsters screened on three (3) sides.
 - M. Show wheel stops and/or curbs for parking.
 - N. Show LDN contour lines and LDN number. (Day-Night sound level noise index)
 - O. Show stacking and bypass lanes for drive-throughs.
 - P. Label and dimension required and proposed side and rear yards.
 - Q. List flood designation, map number, and effective date. And, where they occur on the site, show the 100-year flood plain and floodway boundaries and base flood elevations.
 - R. Note that the proposed project will comply with sections 3342.09 Dumpster; 3342.11 Landscape; 3342.12 Lighting; 3342.17 Screens; 3342.23 Striping/Marking; 3342.24 Surface; and 3342.26 Wheel Stops/Curb.
 - S. Projects within University Planning Overlay area list all required calculations and certify.
 - T. Provide a site location map.
 - U. Illustrate any required building facade materials and treatment, landscaping details and/or lighting details required by rezoning or other ordinance.
 - V. Print rezoning limitation text, CPD text, and Variance text(s) on site plan.
 - W. Attach Architectural Review Commission's or Downtown Commission's Certificate of Appropriateness to each copy of site plan if applicable.
 - X. Engineer's or Architect's seal and signature must appear on all site plans. Provide a north arrow and scale on site plans. For projects affected by rezoning limitation texts or CPD texts, the seal and signature must appear under a statement that guarantees the building and site plans meet all text standards.

Note: To the extent possible, exclude non-zoning related information from the zoning site plan sheets.



FOR USE BY: AREA COMMISSION / COMMUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW **STANDARDIZED RECOMMENDATION FORM**

Group Name	
Meeting Date	
Specify Case Type	 □ BZA Variance □ BZA Special Permit □ Council Variance □ Rezoning □ Graphics □ Graphics Special Permit
Case Number	
Recommendation (Check only one)	☐ Approval ☐ Disapproval ☐ Conditional Approval (please list conditions below) (Area Commissions, see note below*)
*Ordinances sent to council will co is sent, the conditions should be co a revised response indicating "appr will be listed as "disapproval".	ontain only a recommendation for "approval" or "disapproval". If a recommendation for "conditional approval" oncise and specific. Staff will determine whether conditions are met when the final ordinance is prepared unless roval" has been received. If staff determines that conditions have not been met, your group's recommendation
Vote	
Signature of Authorized R	
	SIGNATURE
	RECOMMENDING GROUP TITLE
	DAYTIME PHONE NUMBER

Please **FAX** this form to **Zoning** at (614) **645-2463** within **48 hours** of your meeting day; OR **MAIL** to: Zoning, City of Columbus, Building Services Division, 757 Carolyn Avenue, Columbus, Ohio 43224.